



# Application for a NEW Security Business Licence

Before applying, read, understand and be able to comply with all requirements as set out under the Security Services Act and Regulations, and as outlined on the Security Industry and Licensing website: [www.pssg.gov.bc.ca/securityindustry](http://www.pssg.gov.bc.ca/securityindustry)

USE THIS FORM for a NEW security business licence, or if holding a security business licence that has expired. (Refer to website and to the guide, "Getting and Keeping Your Security Business Licence" for assistance in completing forms and other information.)

## PART 1: FEE & TERM

PAYMENT IS BY:  bank-issued certified cheque or money order payable to Minister of Finance  credit balance  
 credit card using Authorized Credit Card Usage Form (#SPD0509) **DO NOT SEND CASH. Personal cheques are NOT accepted.**  
TERM OF LICENCE & FEE:  One Year (\$500)  Two Year (\$775)  Three Year (\$1050)

TOTAL ENCLOSED: \$ \_\_\_\_\_

## PART 2: LICENCE TYPE

Application Type:  NEW licence  The security business holds an **expired** licence. The number is: # \_\_\_\_\_

*The business does not have to provide any documentation that the Registrar already holds on record, but the business does have to complete all the fields on this form. The controlling members on record with the Registrar without a security worker licence must complete form SPD0518, not form SPD0510.*

Check off **only** the security licence types the business is qualified for and intends to provide:

- |                                                    |                                                              |                                                                                                                                     |
|----------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Security Alarm Installer  | <input type="checkbox"/> Closed Circuit Television Installer | <input type="checkbox"/> Security Consultant                                                                                        |
| <input type="checkbox"/> Security Alarm Sales      | <input type="checkbox"/> Electronic Locking Device Installer | <input type="checkbox"/> Security Guard                                                                                             |
| <input type="checkbox"/> Security Alarm Monitoring | <input type="checkbox"/> Locksmith                           | <input type="checkbox"/> Armoured Car Guard (as per 'Guide', you are required to <u>attach</u> documentation regarding the vehicle) |
| <input type="checkbox"/> Security Alarm Response   | <input type="checkbox"/> Private Investigation               |                                                                                                                                     |

Dogs:  No  Yes ... this security business requests authorization from the Registrar to use dogs for the purpose of security work.

## PART 3: BUSINESS INFORMATION

Type of Business (Company):  Non-Registered Sole Proprietor  Registered Sole Proprietor  Corporation  
 Non-Registered Partnership  Registered Partnership

Legal Business Name: \_\_\_\_\_

Trade Name or "doing business as name": \_\_\_\_\_

I have attached a copy of documentation verifying this security business has been registered in B.C.

### Business Address:

Suite # \_\_\_\_\_ Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Provide business mailing address if different than address above (this is where the licence is to be mailed)

Business Manager: (Surname) \_\_\_\_\_ (Given) \_\_\_\_\_ (Middle) \_\_\_\_\_

Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

No  Yes, send a copy of licence to this e-mail when mailing original to the business

Identify individuals employed by the business who hold(s) a valid B.C. Security Worker Licence that supports the various licence types the business wishes to be licensed for.

Name: (Surname) \_\_\_\_\_ (Given) \_\_\_\_\_ (Middle) \_\_\_\_\_ Security Worker Licence Number: \_\_\_\_\_

Name: (Surname) \_\_\_\_\_ (Given) \_\_\_\_\_ (Middle) \_\_\_\_\_ Security Worker Licence Number: \_\_\_\_\_

Name: (Surname) \_\_\_\_\_ (Given) \_\_\_\_\_ (Middle) \_\_\_\_\_ Security Worker Licence Number: \_\_\_\_\_

Insurance:  Yes, attached is a copy of the security business's valid general liability insurance (of not less than \$1 million coverage).

### BRANCH OFFICES:

Suite/PO# \_\_\_\_\_ Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Br. Manager Name: (Surname) \_\_\_\_\_ (Given) \_\_\_\_\_ (Middle) \_\_\_\_\_ Br Manager Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Suite/PO# \_\_\_\_\_ Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Br. Manager Name: (Surname) \_\_\_\_\_ (Given) \_\_\_\_\_ (Middle) \_\_\_\_\_ Br Manager Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Attach separate sheet if more branch offices to list - a copy of the licence will be issued for posting in each of the branch offices recorded

FORM #SPD0500

PSSG08-022 (05/2009)

Ministry of Public Safety and Solicitor General

Policing and Community Safety Branch, Security Programs and Police Technology Division

PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1

Phone: (250) 387-6981 (if outside Victoria, call through Enquiry BC: Vancouver 604 660-2421 / elsewhere in BC, toll-free 1-800-663-7867)

Fax: (250) 387-4454 E-mail: [sgspdsec@gov.bc.ca](mailto:sgspdsec@gov.bc.ca) Security Industry and Licensing website: [www.pssg.gov.bc.ca/securityindustry](http://www.pssg.gov.bc.ca/securityindustry)

## PART 4: CONTROLLING MEMBERS OF THE BUSINESS OPERATION

Indicate, below, the name and position held by every individual who has control or is able to control the operation of the business. Plus, check one of the three boxes pertaining to each member's

NAME	POSITION HELD IN THE SECURITY BUSINESS	<b>This individual (controlling member) must:</b> <ul style="list-style-type: none"> <li>hold a current Security Worker Licence, <b>OR</b></li> <li>complete the form "Authorization and Acknowledgement of Information Collection and Use AND Consent to Criminal Record Check" (#SPD0510), plus comply with other requirements as listed in the "Controlling Members of a Security Business Guide"; <b>OR</b></li> <li><b>if the business holds an expired licence</b> and the individual does not have a current worker licence but has submitted form #SPD510 previously, the individual must complete "Controlling Member of a Security Business Reporting and UPDATE" (#SPD0518)</li> </ul>
Surname: _____ Given: _____ Middle: _____		<input type="checkbox"/> Yes, this individual holds a current security worker licence: # _____ <input type="checkbox"/> No, this individual does not hold a security worker licence so has completed the form identified above (SPD0510) and will follow all requirements listed in the controlling member guide. <input type="checkbox"/> This individual is submitting the completed and signed update form #SPD0518
Surname: _____ Given: _____ Middle: _____		<input type="checkbox"/> Yes, this individual holds a current security worker licence: # _____ <input type="checkbox"/> No, this individual does not hold a security worker licence so has completed the form identified above (SPD0510) and will follow all requirements listed in the controlling member guide. <input type="checkbox"/> This individual is submitting the completed and signed update form #SPD0518
Surname: _____ Given: _____ Middle: _____		<input type="checkbox"/> Yes, this individual holds a current security worker licence: # _____ <input type="checkbox"/> No, this individual does not hold a security worker licence so has completed the form identified above (SPD0510) and will follow all requirements listed in the controlling member guide. <input type="checkbox"/> This individual is submitting the completed and signed update form #SPD0518
Surname: _____ Given: _____ Middle: _____		<input type="checkbox"/> Yes, this individual holds a current security worker licence: # _____ <input type="checkbox"/> No, this individual does not hold a security worker licence so has completed the form identified above (SPD0510) and will follow all requirements listed in the controlling member guide. <input type="checkbox"/> This individual is submitting the completed and signed update form #SPD0518
Surname: _____ Given: _____ Middle: _____		<input type="checkbox"/> Yes, this individual holds a current security worker licence: # _____ <input type="checkbox"/> No, this individual does not hold a security worker licence so has completed the form identified above (SPD0510) and will follow all requirements listed in the controlling member guide. <input type="checkbox"/> This individual is submitting the completed and signed update form #SPD0518
Surname: _____ Given: _____ Middle: _____		<input type="checkbox"/> Yes, this individual holds a current security worker licence: # _____ <input type="checkbox"/> No, this individual does not hold a security worker licence so has completed the form identified above (SPD0510) and will follow all requirements listed in the controlling member guide. <input type="checkbox"/> This individual is submitting the completed and signed update form #SPD0518

## CONSENT and ACKNOWLEDGEMENT

**ON BEHALF OF the applicant business entity, I hereby consent to and acknowledge that:**

- the security business licence will be kept continuously on display in a conspicuous place in every office in which I am permitted, under the licence, to carry on business.
- I will advise the Registrar *within 14 days of the occurrence* and report to the Registrar the following:
  - changes to the business address;
  - changes in the ownership or management of the security business;
  - addition of any individual who has control or the ability to control in the operation of the business;
- the security business licence will be surrendered in the event that the business ceases operation or does not have an employee(s) that holds a valid security worker licence of a type that matches the security business licence type.
- the security business's licence information (legal business name, security licence number and licence status) is to be made publicly accessible through the Security Licensing and Information website.

**I AM AUTHORIZED to sign this application on behalf of the business entity.**

**I HEREBY CERTIFY THAT I have read and understand all portions of this application form and information set out by me in this application is true and correct to the best of my knowledge and belief. I have read and understood the Security Services Act, Regulations and conditions.**

**Applicant on behalf of the Business:**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DISCLOSURE :** All information regarding this application is collected under the Security Services Act and its regulations and will be used for that purpose. The use of this information will comply with the Freedom of Information and Privacy Act and the Federal Privacy Act. If you have any questions regarding the collection or use of this information, please contact 250 356-1501.

# Authorization and Acknowledgement of Information Collection and Use AND Consent to a Criminal Record Check

— under the Security Services Act

The following section **must be completed** by every individual who has control or who is able to control the operation of the security business **unless** the individual already holds a valid B.C. Security Worker Licence and that licence number is provided to the Registrar, Security Services Act, when the business applies for, updates or renews a licence. **Important:** refer to the **“Controlling Members of a Security Business Guide”** for full information on a controlling member’s responsibilities. The website is also a source for various resources such as definitions, legislation, policy, etc., and the Code of Conduct which must be followed.

**Legal Name of the Security Business applying for/holding a security business licence:**

\_\_\_\_\_

**Your Legal Name:** (Surname) \_\_\_\_\_ (Given) \_\_\_\_\_ (Middle) \_\_\_\_\_

**Other Name(s):** *(alias, maiden name, etc.)*

(Surname) \_\_\_\_\_ (Given) \_\_\_\_\_ (Middle) \_\_\_\_\_

(Surname) \_\_\_\_\_ (Given) \_\_\_\_\_ (Middle) \_\_\_\_\_

**Date of Birth** (year/month/day): \_\_\_\_\_ **Gender:**  Male  Female

**Residential Address:**

Apt.# \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Citizenship:**  I am a Canadian Citizen —attached is a clear copy of my birth certificate **or** valid Canadian Passport **or** Citizenship Certification Card.

(check [✓] one)  I am not a Canadian Citizen

**Residence:**  I reside in Canada — I have indicated below the **one** piece of photo identification I will attach a copy of:

(check [✓] one)

- Drivers Licence (Canadian issued)  Passport  BCID  Canadian Firearms Licence
- Canadian Permanent Residence Card  Canadian Native Status Card (must have photo)

I do not reside in Canada — I have attached a copy of **two** pieces of current/valid identification, one of them is photo identification.

**Fingerprints:**  Yes, I reside in Canada and ....  Yes, the Registrar already has my fingerprints on record; **OR**

(check [✓] one)

No, the Registrar does not have my fingerprints on record, therefore, I have attached the Confirmation of Fingerprints slip (form #SPD0507) stamped by the policing agency.

No, fingerprints are not required from me as I do not reside in Canada

**B.C. Security Licence History** (check **ONE** of the 3 options below):

1.  I am currently a controlling member of **another** licensed Security Business in B.C. *(other than the one named above)*

Legal Business Name: \_\_\_\_\_ Security Bus.Lic. # \_\_\_\_\_ Expiry date (year/month/day): \_\_\_\_\_

2.  I once had financial interest in or was a controlling member of a B.C. Security Business:

Legal Business Name: \_\_\_\_\_ Security Bus.Lic. # \_\_\_\_\_ Expiry date (year/month/day): \_\_\_\_\_

3.  I have never been a controlling member of a Security Business.

**Has a judgement of any court order been issued against you?**

No  Yes ... and details are: \_\_\_\_\_

**Have you had a undischarged business bankruptcy or been involved in a company that has declared bankruptcy or is in the process of declaring bankruptcy?**

No  Yes...The business licence number is # \_\_\_\_\_ Bankruptcy date: (year/month/day) \_\_\_\_\_

**POLICE Officer Status:** answer 'yes' or 'no' to the following questions and follow corresponding instructions.

No  Yes, **I am currently a member of a police force as defined in the Police Act.**

... **if yes**, as indicated in the 'Guide', a controlling member **may not** be a member of a police force and if so, the business's application for a security licence will NOT be accepted.

No  Yes, **I am a volunteer auxiliary or reserve constable.**

... **if yes**, attach the confirmation letter from your superior officer (see the "Pre-Requirements" in the 'Guide' for details on what must be in the letter).

No  Yes, **I am retired from the police forces** — listed as member for administrative purposes only

... **if yes**, attach the confirmation letter from your superior officer (see the "Pre-Requirements" in the 'Guide' for details on what must be in the letter).

**PEACE Officer Status:** answer 'yes' or 'no' to the following . . .

No  Yes ... **I presently hold a position with Peace Officer status.**

... **if yes**, indicate *below* what position do you hold **AND** attach the confirmation letter from your superior officer

(see the "Pre-Requirements" in the 'Guide' for details on what must be in the letter).

Sheriff/Deputy Sheriff  Corrections Officer  Court-appointed Bailiff  Special Provincial or Municipal Constable

**Criminal History:** Do you have a criminal record?  no  yes

**Mental Condition:** Have you ever been treated for a mental condition?  no  yes

**If yes**, you must have the *Mental Condition Form* (SPD0511) completed by your physician and provided to the Registrar, Security Programs and Police Technology Division. (All forms and information are on the Security Industry and Licensing website)

If you do not wish to attach the completed mental condition form to this document, you may send it to the Registrar directly, BUT YOU MUST complete the covering slip at the end of this form, cut along dotted line, and attach it to the the mental condition form: Check one of the following so both the business entity manager and Registrar know what to expect:

I have attached the completed mental condition form

I have not attached the completed mental condition form now, but will send it to the Registrar directly using the covering slip.

**BY SIGNING THIS AUTHORIZATION and ACKNOWLEDGEMENT of INFORMATION COLLECTION AND USE and CONSENT TO A CRIMINAL RECORD CHECK, I HEREBY AUTHORIZE AND CONSENT THAT:**

I hereby consent to the Registrar carrying out a criminal record check, police information check and correctional service information check on me and to use the copy of my fingerprints for that purpose. This consent will remain in effect for the duration of the period for which this security business licence is valid.

I understand that, as a result of the checks, the registrar may require further information from me including copies of all criminal proceedings or information to assess good character.

I agree that I will notify the Registrar of any new charge or conviction against me, or of any change in my residential address or legal name or peace officer status, or if I begin treatment for a mental condition.

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DISCLOSURE**

All information regarding this application is collected under the Security Services Act and its regulations and will be used for that purpose. The use of this information will comply with the Freedom of Information and Privacy Act and the Federal Privacy Act. If you have any questions regarding the collection or use of this information, contact 250 356-1501.

**TO:** Ministry of Public Safety and Solicitor General  
Policing and Community Safety Branch  
Security Programs and Police Technology Division  
PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1  
**Attention: Registrar, Security Services - Licensing Dept.**

**DATE:** (year/month/day) \_\_\_\_\_

**FROM:** Name: (surname) \_\_\_\_\_ (given) \_\_\_\_\_ (middle) \_\_\_\_\_  
Date of Birth: (year/month/day) \_\_\_\_\_

**ATTACHED: **Completed Mental Condition Form****

**I am control or am able to control the business operations of the Security Business, identified below, that is currently applying for a new licence, is updating their current licence records or is renewing their licence.**

Legal Name of Security Business: \_\_\_\_\_

Security Business Licence Number (if known): \_\_\_\_\_

Trade Name of Security Business (doing business as): \_\_\_\_\_

COVERING SLIP for completed mental condition form